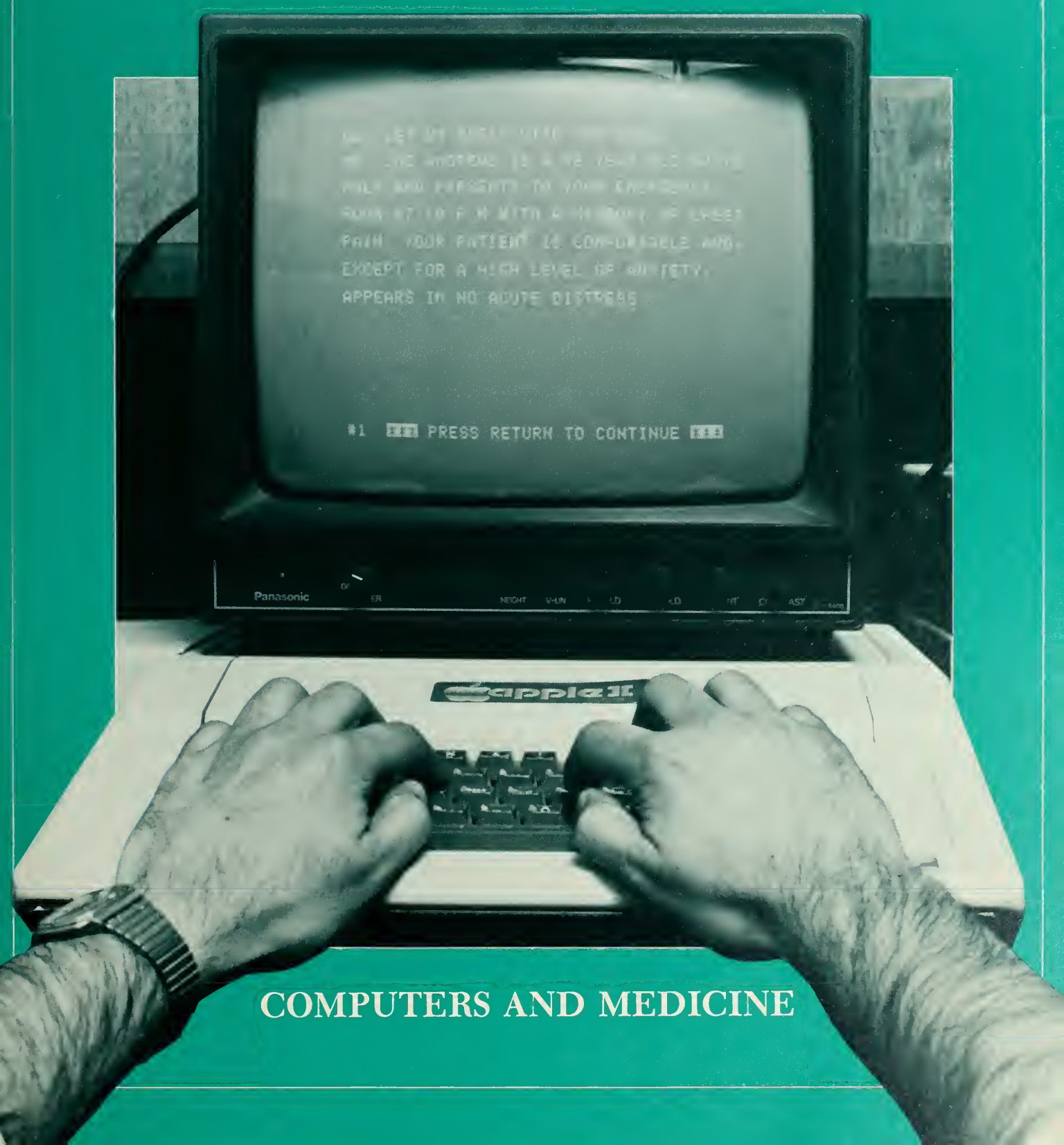
# MCG Today

Medical College of Georgia, Summer 1984, Vol. 13, No. 2, USPS 867340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## COMPUTERS AND MEDICINE

Dear Alumni,

This is a personal invitation requesting your presence at the inauguration of Dr. Jesse Leonard Steinfeld as the fifth president of the Medical College of Georgia on September 18 at the Augusta/Richmond County Civic Center. The occasion, rich in color and tradition, is guaranteed to inspire pride in your Alma Mater.

At a time of focus on public higher education, this event will call attention to the responsibilities and roles of a state supported health sciences university, and provide an opportunity for President Steinfeld to express his plans for institutional advancement to the governor, legislators, regents and other distinguished guests.

Immediately following the convocation, there will be a reception honoring Dr. Steinfeld at the Civic Center.

Then the big day of inaugural activities will be climaxed by the Inaugural Ball from 9 p.m. to 1 a.m. at the Civic Center. Dress will be semi-formal.

Please let us know if you plan to attend the inauguration by sending the form on page 25. We'll keep you informed and send you needed information and tickets.

Thank you.

Sincerely,

Jim Austin

Jim Austin

# MCG Today

Vol. 13, No. 2, USPS 867340

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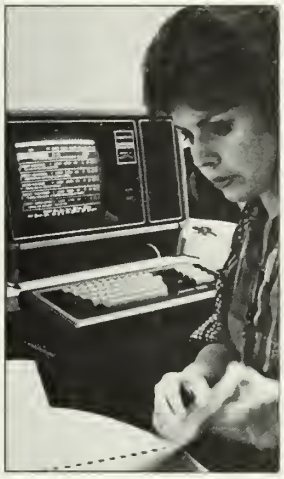

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# CAMPUS NEWS

## Devoe new maternal-fetal chief

Dr. Lawrence D. Devoe has been named director of maternal and fetal medicine in the Department of Obstetrics and Gynecology.

Devoe joined the MCG faculty in July 1983 as an associate professor of obstetrics and gynecology. He previously was assistant professor at the University of Chicago's Chicago Lying-in Hospitals and Clinics where he had served his internship and residency in obstetrics and gynecology and a fellowship in fetal maternal medicine.

Devoe is a fellow of the American College of Obstetrics and Gynecology. He is a member of the Society of Perinatal Obstetricians and has published numerous articles in professional journals.

Devoe is a native of Chicago. He and his wife, formerly known as Emily Fletcher, have one daughter.

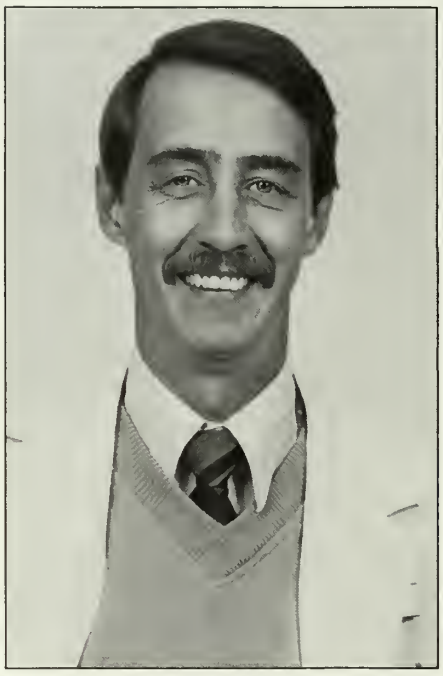
## Ellison donates material on Antony's medical first

Among the accomplishments of Dr. Milton Antony, one of the founders of the Medical College, was the performance of the first thoracotomy, a cutting operation on the chest wall.

In recognition of this event, which took place in Augusta in March of 1821, Dr. Robert Ellison, chief of the section of thoracic and cardiac surgery at MCG, has presented the Medical College with a booklet containing documentary materials illustrating the performance of the operation. In addition to the booklet, Ellison included a framed photograph of the original freehand drawing done by Antony himself of the patient showing the site of the thoracotomy.

Ellison relates that Antony's procedure was identified as the first deliberate entrance into the pleural cavity in a 1953 edition of *The Journal of Thoracic Surgery*. "In view of the significance of this accomplishment by Dr. Antony, it seemed appropriate to document this historical event at the Medical College of Georgia."

The photograph and the booklet may be seen in the rare book room of the MCG Library.



## Barrett honored by alma mater

Dr. J. Michael Barrett, associate professor of anatomy at MCG, has received the highest award presented to an alumnus of the science program at his alma mater, the University of Northern Colorado.

The William R. Ross Science Award, named after a former president of the university, was presented to Barrett during homecoming ceremonies at UNC in Greeley, Colo.

Barrett received a bachelor's degree in biological sciences from UNC in 1968. He earned a Ph.D. in anatomy from Tulane School of Medicine in New Orleans in 1973 and joined the MCG faculty in 1977.

Barrett has spent his career studying the mechanisms of the kidney and is presently working on a collaborative study with Danish kidney researcher Bodil Schmidt-Nielsen.

## MCG Foundation reaches $5 million in assets

The MCG Foundation Inc. has reached $5 million in assets, according to Executive Director James C. Austin. "On Dec. 31, 1983, the Foundation had assets of $5,036,736," he says.

This represents a $767,365 increase from the total at the end of 1982. Total income of the Foundation for 1983 was $1,195,491.

"Our average annual growth since 1978 has been approximately $500,000 a year," says Austin.

"The Foundation handles four primary types of funds," the director says. "These are restricted endowment, unrestricted endowment, restricted expendable, and unrestricted expendable. This last category is the money used to form the Foundation's operating budget each year."

Endowment funds of the Foundation, that is money that is invested permanently and its income used to benefit MCG, reached $3,601,987 at the end of 1983.

Foundation campaigns currently underway include those to fund several endowed chairs. It takes a minimum of $250,000 to endow a chair. Chairs being sought include the Moretz Surgical Chair, the Pund Chair, the Georgia Academy of Family Practice Chair, and the Mealing Chair.

Austin points out that all of these chairs are in the School of Medicine and says, "I would like to see the Foundation work to establish chairs in the other schools at MCG as well. I also would like to see the establishment of fellowships in some of the other schools."

The Foundation is working on funding for a student activities center/gymnasium and last year provided the Medical College with $200,000 to be used in the student loan program.

## Laraia is new director of hospital admissions

Peter A. Laraia Jr. has been named director of admissions at Talmadge Hospital.

Laraia, a native of Patchogue, N.Y., previously served as admissions director at Coral Reef Hospital and Mercy Hospital, both in Miami, Fla.

A graduate of Manhattan College in New York, he received a master's degree in hospital administration from George Washington University and also served in the U.S. Navy.

He is a member of the American Hospital Association and the National Association of Hospital Admitting Managers.

# CAMPUS NEWS

## Reorganizational changes create four VP positions

A major reorganizational plan for MCG, approved by the University System of Georgia Board of Regents, includes the establishment of three new vice-presidential positions.

The changes, which were proposed by President Jesse L. Steinfeld, were effective February 1984 and include:

- Establishing the positions of vice-president for development, vice-president for research and vice-president for clinical activities;
- Changing the title of provost to vice-president for academic affairs;
- Changing the reporting responsibility of the hospital administrator, who will now report to the president instead of the dean of the School of Medicine;
- Changing the reporting responsibility of the Internal Auditing Division, which will now report to the president instead of the vice-president for business and finance.

Dr. J. Graham Smith, chairman of the Department of Dermatology, has been named acting president for development.

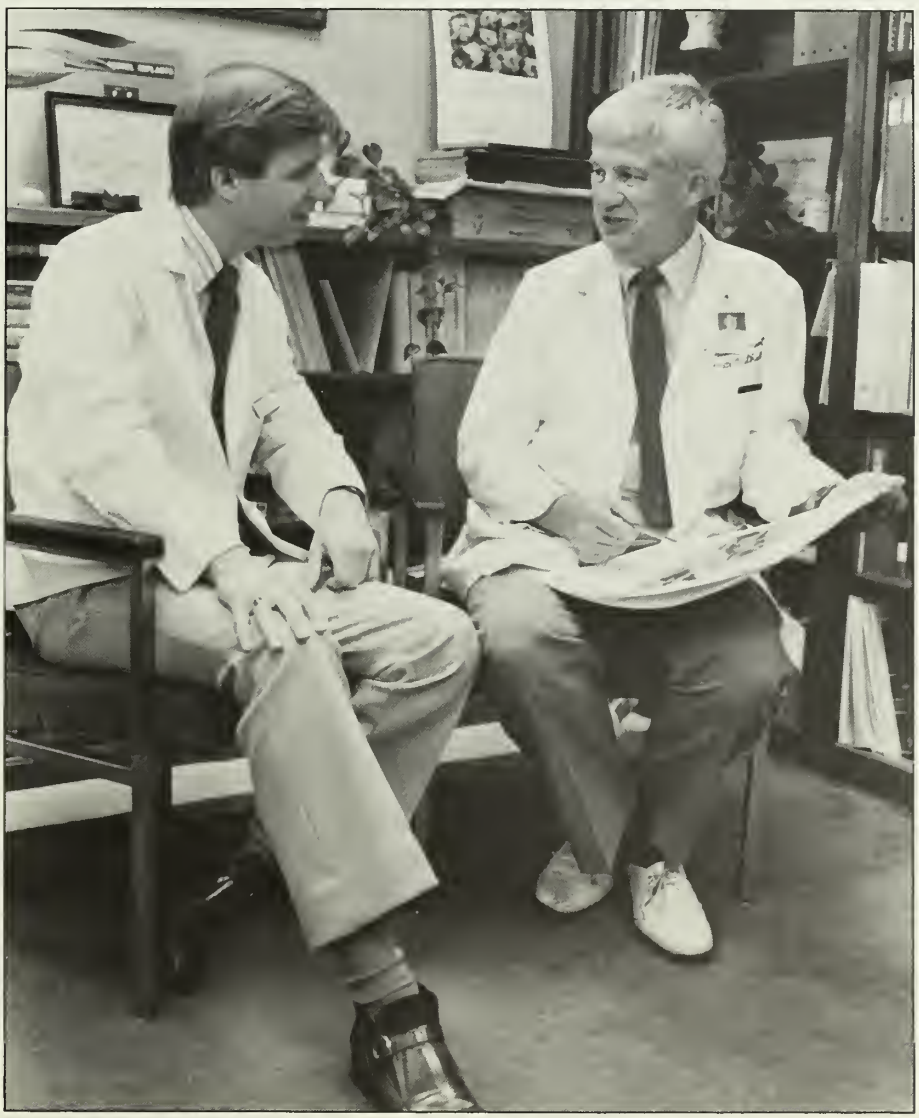
Dr. Lowell M. Greenbaum, chairman of the Department of Pharmacology and Toxicology, will serve as acting vice-president for research.

Named as acting vice-president for clinical activities is Dr. Francis J. Tedesco. Tedesco came to MCG in 1978 and is professor of medicine and chief of gastroenterology.

The title change of provost to vice-president for academic affairs will affect Dr. Lois T. Ellison, who has served as provost since 1975.

H. Alan Campbell has been named acting vice-president for business and finance. He was named interim vice-president for business and finance in 1982 and has been with MCG since 1968.

In a separate action, Dr. Harry B. O'Rear, who served as interim presi-



*Winner Ronald Easmann with advisor Dr. Ralph McKinney Jr.*

## School of Graduate Studies has Student Research Day

Students enrolled in the School of Graduate Studies had a chance to display their research projects and recruit others to join their ranks during the Graduate Student Research Day sponsored by the school's Graduate Faculty Organization.

The overwhelming turnout of visitors from Southeastern colleges was testament to the success of the event. More than 75 prospective students attended.

Twenty-four students enrolled in the School of Graduate Studies created displays of their research topics and presented their work during a two-hour poster session. The projects were judged by a panel of MCG faculty members and prizes were awarded.

The $150 first-place prize was awarded to Ronald P. Easmann, a student in oral biology. His faculty advisor is Dr. Ralph V. McKinney Jr.

Robert M. Kantner, an anatomy student whose advisor is Dr. Margaret L. Kirby, received the $100 second-place award.

Ronald R. Cobb, cell and molecular biology, received the $75 third-place award. Cobb's advisor is Dr. J. Barry Whitney III.

Awards were sponsored by Becton-Dickson and Co., Beckham Instruments Inc., Fisher Scientific Co., Xytex Corporation, the MCG Research Institute, and the MCG Foundation.

dent before Steinfeld's arrival, accepted Steinfeld's invitation to serve as senior consultant to supervise and coordinate the development of a master plan for MCG.

This will mean some streamlining of the administrative organization in order to increase its effectiveness without additional costs.

## New computer division formed

President Jesse L. Steinfeld has designated H. Alan Campbell, acting vice-president for business and finance, as his principal advisor for administrative data processing.

As a result of this appointment, the Division of Systems and Computer Services has been dissolved and a Division of Information Systems Management created. For the present, Campbell will direct the new division in addition to his regular duties. He will be assisted by three people who will manage the day-to-day activities of the Division of Information Systems Management.

## Pediatric units have foster grandmothers

Mrs. Heitz is one of two women who will be spending four hours each afternoon working with the children — playing with them, reading to them, loving them, being a friend. She fills in as "Grandma" for boys and girls who are patients in Talmadge Memorial Hospital's pediatric units.

Talmadge has two part-time recreation therapists but there was a need for more one-to-one companionship than the recreation therapists could provide. "They are away from home, their families and their friends and they need a little TLC," says Ann Comer, R.T.

The foster grandparents, who receive a small stipend for their work, are here to provide just that.

"We're told we help them," Mrs. Heitz says of the young children. "But they do so much for us. We get so much more in return than we possibly could give."

## Nursing officials discuss national board

Officials from baccalaureate nursing schools throughout the state met at the MCG School of Nursing recently to discuss the format of the national nursing board examination.

A new test was developed last year by NCLEX — the National Council Licensing Exam — and nursing officials in Georgia were concerned about the outcome of last year's board scores. All baccalaureate nursing programs in the state experienced lower scores on the examination last year. Seventy-seven percent of MCG students taking the exam in Georgia passed last year's boards, compared to 86 percent the previous year.

Dr. Gloria Clayton, associate dean for the undergraduate program in the School of Nursing, initiated the conference which was jointly sponsored by MCG and Georgia State University. Because this is a state-wide problem, says Clayton, it is necessary for MCG to assume a leadership role in seeking solutions.

The new test is organized differently and focuses on different areas of concern than its predecessor, says Clayton. An NCLEX representative was invited to explain the format of the test.

A task force was formed as a result of the conference to determine the feasibility of developing a computerized bank of test questions which are more in line with the national format. These questions would be shared by participating institutions to expose students to this type of question before facing national boards.

In addition, says Clayton, this was the first time representatives from baccalaureate programs in the state have

gathered to resolve a common problem. "There was a lot of discussion about how to pool resources," she says. Because of the success of this conference, future meetings will be scheduled to discuss other items of concern.

## Neaverth is new endodontics chairman

Dr. Joseph Neaverth has been approved as chairman and professor of the Department of Endodontics in the School of Dentistry. He received his D.D.S. degree from the Georgetown University School of Dentistry and has served as chief of the endodontics service at Walter Reed Army Medical Center since 1981.

He is a diplomate of the American Board of Endodontics and is a member of the American Association of Endodontists and the American Dental Association.

## Band seeks members

MCG Stage Band seeks additional members. The band is especially in need of trombones, a bass guitar, string bass, and a baritone saxophone player. Rehearsals are every Wednesday night from 7-9 p.m. in the large auditorium. Interested persons are encouraged to join and attend rehearsals. There are presently 14 musicians in the band.

## Dirksen re-named to chair AADR committee

Dr. Thomas Dirksen, associate dean for biological sciences at the Dental School, has been named chairman of the national affairs committee of the American Association for Dental Research (AADR).

The appointment is for three years and this is the second term Dirksen has served as chairman of the committee.

The committee is charged with enhancing the position of the AADR as the prime voice of dental research in the United States. The group also is called on to testify before Congress on behalf of the National Institute for Dental Research (NIDR).

## St. Andrews honors Dr. Green

Dr. Keith Green, Regents professor in the Department of Ophthalmology and Physiology at MCG, has been awarded a Doctor of Science degree from the University of St. Andrews in Scotland.

This degree is conferred to holders of a Ph.D. who have contributed high quality research to their field for 10 to 15 years.

Green returned last June from a year's sabbatical at the University of Edinburgh, Scotland.

## Dean writing history of School of Nursing

E. Louise Grant, dean emeritus of the School of Nursing, is working on a history of the School of Nursing. She is asking those with information about the school to contact her at their convenience. The information can be in the form of recollections, old events, programs or photographs.

Dean Grant's office is located on the fifth floor of the Medical Arts Building, room 522, or she may be reached at 828-3841. The office is open Monday through Friday from 9 a.m. until 1 p.m.

## Stenstrom illustrates book on retina

Vivid, intense, brilliant; all are adjectives that have been used to describe the illustrations in William J. Stenstrom's textbook, "Atlas of the Peripheral Retina," a book which he coauthored with Dr. Frank C. Bell.

Using the binocular indirect ophthalmoscope to examine patients' eyes, Stenstrom, M.Ed., professor of medical illustration, is able to depict the retina through watercolors.

"The artist has the advantage of being able to synthesize many features of a disease process into a single picture, in a manner photographs alone cannot do," says Stenstrom.

# COMPUTERS AND MEDICINE
# *Today and Tomorrow*

by Karen Williams

Do you drink tea, coffee, or alcohol? Are you happy? What is your marital status? How is your sex life?

These are just a few questions you may ask the "patient" on Dr. Max Miller's computer-assisted instruction program for a patient management simulation.

Dr. Miller, professor in the Department of Family Medicine and associate professor in Educational Research and Development, is one of a growing number of faculty members at MCG who are pioneering in using the computer as a "professor" who can drill, prompt and lead the student into making the most correct diagnosis of the patient.

The benefits of interacting with a patient via a computer has to be experienced to be believed. The scenario opens with a description of the patient of whom you will be asked to make a diagnosis.

Mr. P. D. is a 58-year-old white male who over the last six months has been "slowing down." He complains that he seems to be "weak all the time" and that he has noted a loss of strength in and considerable difficulty in using his left arm. He also complains that his joints hurt in the mornings. This alert, active and cooperative person is well developed for his age and appears to be in generally good health.

After obtaining his general history (he drinks about four cups of coffee a day, is fairly happy, is married with three grown children, and has a deteriorating sex life), you perform a general examination. This examination provides information on such things as general appearance, mental status, posture and gait.

Laboratory tests ordered are shown with prices included so that future physicians are made aware of the monetary costs to the patient.

After studying all available data on the patient, you enter the six possible causes for the patient's symptoms. Based on what you know, you choose the one diagnosis which seems to be correct. Correct diagnosis: presumed Parkinson's disease.

Why use computers for teaching purposes? Why use computer-assisted instruction?

"Because the computer adds an element of mystery to the learning situation," says Miller. And he says, the computer can be designed to include clinical management simulations which can solve many common training problems in medical education.

One prevalent problem is that students do not have the benefit of observing diseases that take a long time to develop, and as a result, they have an inadequate understanding of the disease process. They also may miss many important diseases due to random patient sampling and lose the benefit of making clinical decisions. With a good program, the computer can remedy these problems.

Designing a good program from start to finish takes a lot of pre-planning, says Miller. You have to develop your ideas and your learning goals for the student. With the help of a well-developed authoring system (a pattern on which to build your lesson), and skillful assistance, a program can be developed in a relatively short amount of time.

"To conceive of the idea of the lesson, and to see it all come together — that is thrilling!" says Miller.

After developing several patient management programs, Miller has found that with appropriate pre-planning, he can finish a program in just 12 hours.

"From conception to birth in a day," he exclaims.

Miller has already developed computer simulations in such areas as family medicine, pediatrics, gynecology, and geriatrics.

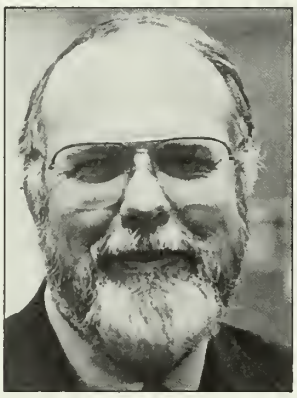
Only 25 years ago we began the great adventure of using the computer as a teaching aid. This piece of technology, which can seem so complex and frightening, is our hope for the future of education, says Dr. Richard E. Pogue, professor of Health Systems and Information Sciences and associate professor of Family Medicine.

Pogue has worked in instructional computing for 10 years and has received numerous invitations to lecture and give workshops on the use of the computer in instruction. He is nationally recognized for his work in authoring systems used by Dr. Max Miller and Lou Pogue, and by the American College of Surgeons.

In the past, says Pogue, the ability to use the computer was limited to programmers who had the "power, pay and knowledge." To use the computer, we had to go through the "high priest of computing." No more.

Today with the advent of the microcomputer, an affordable and powerful computer is available to anyone who desires it. The microcomputer is in the hands of the user where it belongs, he asserts.

With computers, we can truly become a community of scholars, says



*Miller*

*Pogue*

*Pogue*

Pogue. We can conduct research and become involved in joint educational projects, without ever meeting face-to-face.

The computer, Pogue says, is another step in the evolution of education which began with Socrates and continued with the invention of the printing press.

Says Pogue, "The computer is the greatest teaching tool that man has yet invented."

Pogue finds that many people, both students and faculty, would like to become involved in the computer revolution but don't know where to start.

The best way to begin, says Pogue, is to first decide that you will put aside the time to learn. Buy your own computer and start using it.

"The only way I could get a real sense of the microcomputer was to sit down and use it. Firsthand experience is ultimately the best."

"I think it's important to be future-oriented," says Lucille M. Pogue, nurse educator and coordinator for computer activities at Talmadge Memorial Hospital. "Role change should be seen in terms of challenge and accomplishment rather than as a threat to the status quo."

As a staff development educator, Mrs. Pogue has been involved in computer-assisted instruction in continuing education for the last four years. Her department provides in-service and continuing education to approximately 500 licensed nursing employees at MCG's teaching hospital.

She began her present project in 1980 when she was awarded a $9,000 grant from the Apple Education Foundation to develop computer lessons on drug therapy for nurses.

"One of the great advantages in using the computer as an instructional vehicle," says Mrs. Pogue, "is that the computer can require active participation with the learner and can be highly individualized."

Computer instruction also provides self-paced, immediate feedback — an important consideration in the continuing education in-service setting where new employees come with varying educational backgrounds and professional experiences.

Mrs. Pogue clearly enjoys her role as a pathfinder. She is personally excited about presenting a session at the annual conference of the American Nurses Association Council on Continuing Education in October, 1984, and at the International Symposium on Nursing Uses of Computers and Information Sciences at Calgary in Alberta, Canada, in 1985.

"The computer is a great aid to teaching," says Dr. Abdulla M. Abdulla, associate professor of medicine. He should know; he has developed several programs which present the medical student with a variety of challenges.

For example, in one program, the student is presented with this drama: a 36-year-old white man has come into the emergency room complaining of chest pains. The student can ask the patient questions such as, "Do you smoke?"

Amazingly, the answer comes from a patient the user can actually see and hear on a television screen.

"Let's see. I've been smoking two packs a day for about two years," the patient says.

The student can order a series of tests and get a report on the results. If the student decides surgery is required, he is shown a tape of an actual procedure.

Abdulla began work on his teaching computer in 1979, using a tape recorder and slide projector. Today the new computer uses a laser disc, cheaper and technologically superior to the old system.

Abdulla's computerized instructional programs are many and varied. The Georgia Heart Association has granted him $30,000 to prepare a computer course in advanced cardiopulmonary resuscitation.

And the Chicago-based journal, "Physicians and Computers," has awarded him $12,000 to develop computerized continuing medical education courses. The 90,000 circulation journal publishes an article describing each course. Then interested readers mail in requests for a computer disc which will contain the program for use on a home computer. Upon completion, the student receives credit for the course.

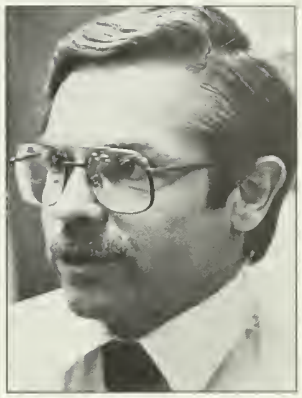
"Computers," says Abdulla, "should not be used to memorize facts, but to use and apply facts."

Abdulla also likes to get away from using multiple choice queries in his Patient Management Programs. "Unfortunately," adds Abdulla, "life doesn't give us multiple choice questions."

Students need to learn to diagnose, treat, and supervise patients with various diseases and problems, and this requires original thinking. The teaching computer allows medical students to practice and apply their knowledge without harming a real-life patient if they make a mistake.

*"The computer can't replace the physician, but it can make it easier for him to do a better job."*

*Abdulla*



*Lewis*

"Some people fear technology, thinking it's going to replace them. The computer is merely meant to serve as an aid to teaching.

"Intuitively," says Abdulla, "I feel it is a fantastic way to teach."

"M.D.'s need to be open to new sources of information," says Dr. Lloyd A. Lewis, professor of Medical Education and professor of Educational Research and Development.

One of his jobs is to encourage faculty to take advantage of the resources of computer-assisted instruction on the MCG campus.

In addition to encouraging faculty members to be more aware of how computers could enhance their teaching, Lewis is endeavoring to help medical students become aware of how computers can improve their practice. A computer can assist the physician in conventional ways such as in billing and word processing, and in more novel ways such as in making a tentative diagnosis of a patient's illness.

Lewis teaches a computer course for those interested in computer applications in medicine. The class covers such topics as historical perspectives of the computer, word processing and text editing, biomedical research, data base management, medical instrumentation, programming the computer, clinical decision analysis, medical and surgical information systems, computer-assisted instruction, and artificial intelligence in medicine.

"Computers can do so much of the housekeeping work for teachers," says Lewis. Computers can keep grades easily and can be a great teaching aid if computer-assisted instruction is used, he tells MCG faculty members in his workshops.

"Because my job is to give educational support to students and educators, I try to encourage them to see the computer as an adjunct to the more traditional methods of education.

"Many of our faculty members come from an era when computers weren't used. Therefore, they need to be reassured that a computer can be a good servant, not a bad master," he adds.

Lewis is enthusiastic about a new direction in medicine — using artificial intelligence to make diagnoses. "The computer can actually synthesize data and come to a decision — make a tentative diagnosis. It is exciting."

Already, he says, there is an experimental program which has been developed that can provide consultative advice on diagnosis and therapy for infectious diseases with 80 percent accuracy. Many non-specialist physicians, he observes, may not have that good of a record.

Artificial intelligence can be particularly helpful for general primary care physicians who have to make diagnostic decisions about a large number of medical problems. With the aid of the computer, they will be able to do their job even better.

"The computer can't replace the physician, but it can make it easier for him to do a better job," says Lewis.

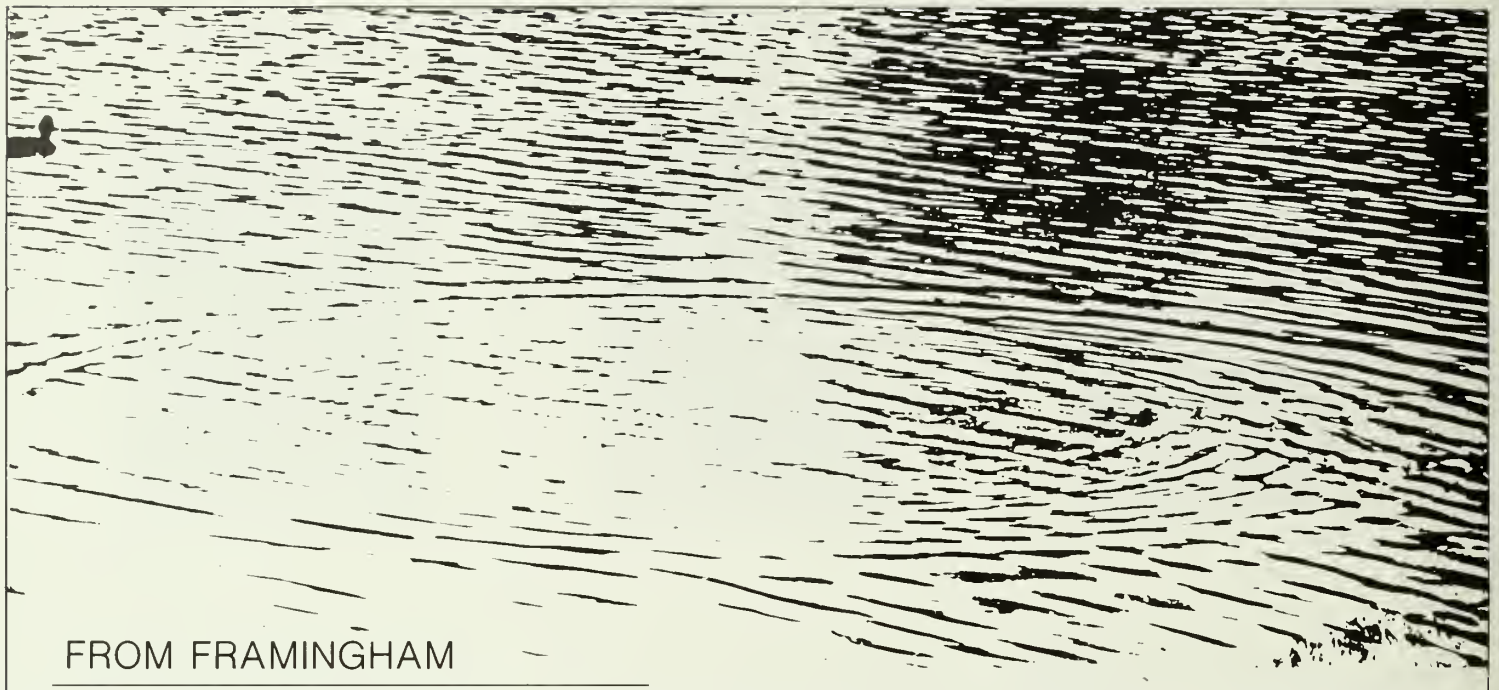
What's in the future for medicine and computers? We already know that computers have enormous potential for sifting through complex banks of medical data and integrating the information contained within them. This can be useful in such diverse areas as diagnosis and epidemiology. High definition, pattern recognition programs can also be set to screen blood samples, seeking out malignant cells or other disruptive blood conditions.

Diagnosis is a matter of identifying sets of symptoms, matching them against known illnesses, and ranking them in descending order of probability. Once computers have been equipped with the appropriate data for matching the symptoms on the tables of probabilities, they will be capable of speedier, far more accurate diagnoses. Computers will also be able to recommend the appropriate treatment for the case, taking into account the fullest details of the patient's previous medical history.

In the future, even the most powerful systems will occupy a small space; computers will be portable and unobtrusive. For example, wristwatches may incorporate miniature medical computers which sample pulse, blood pressure, the constituents of sweat and other body secretions and, when paired with a microfine probe, even the contents of the bloodstream itself.

Microprocessors could be implanted in critical areas of the body equipped with sensors to detect the first sign of malignant cells being generated. They might even be able to destroy the cells as they appear, and their tiny size would enable them to draw on the body's own metabolic processes for their power.

One thing is certain: the Medical College of Georgia is now playing an important role in the unfolding drama of computers and medicine. ■



FROM FRAMINGHAM

# A TRAILBLAZER IN THE STUDY OF HEART DISEASE

To a small child skipping stones on the surface of a summer pond, the "ripple effect" extends only to the water's edge. In the medical world, this effect is achieved by the far-reaching implications of a single event. The Framingham Study done in Framingham, Massachusetts, is one such event.

Unique in several ways, the Framingham Study has had enormous impact on research methodology, clinical identification of risk factors leading to cardiovascular disease (CVD), and , finally, the establishment of preventive measures as a viable option in the fight against heart disease.

William B. Kannel, M.D., M.P.H., Medical College of Georgia graduate and a principal investigator in the Framingham project, describes this major epidemiological study of cardiovascular disease as a trailblazer. "It is probably the longest continuous study of cardiovascular disease ever done," he says. "I think it has made some major contributions to our understanding of the predisposing lifestyles that influence the development of cardiovascular disease."

Kannel began working with the study in 1951, one year after its beginning and two years after his graduation from MCG. He had learned of the study during his internship and was "intrigued by the notion of applying epidemiology to developing disease." This was a novel idea, he says, because epidemiology had previously been applied to infectious, or epidemic, disease.

Kannel, who is now professor of medicine and head of the section of preventive medicine and epidemiology in the Department of Medicine at Boston University, worked as co-investigator in the study until 1969, when he became principal investigator following the retirement of Thomas R. Dawber. Kannel himself retired as director of the study in 1979, but is still affiliated with it through Boston University.

The basic premise of the study, which was overseen by the National Heart, Lung, and Blood Institute, was to determine a sample of the Framingham population and measure the prevalence and incidence of cardiovascular disease within this sample over a period of 20 years (which was later extended to 24 years under sponsorship by Boston University Medical Center). Out of several possible locations in which to conduct the study, the community of Framingham, 18 miles west of Boston, was chosen mainly because of the presence of a highly cooperative and well-informed medical profession, according to "The Framingham Study" (Dawber, Harvard University Press, 1980).

Each selected subject would undergo an initial examination to determine the presence of existing disease, and would subsequently be re-examined every two years to see which members of the sample would eventually develop coronary heart disease (CHD). During the study, efforts would be made to characterize the subjects with regard to any factors which were believed to relate to the development of CVD.

Other studies had indicated that atherosclerotic disease might not be an inevitable result of aging, but might occur as the result of environmental factors and predisposing lifestyles. This theory was of great importance in establishing the Framingham investigation and the hypotheses it was to test. The hypotheses were chosen carefully, with input from practicing cardiologists as well as from scientists and investigators, and the study sought to determine links between coronary heart disease and such factors as age, hypertension, blood cholesterol level, tobacco smoking, habitual use of alcohol, physical inactivity, obesity, and diabetes mellitus.

Manipulation of the data generated by this study of over 5,000 participants was an enormous undertaking, and was done by the National Institutes of Health, because computer technology was not yet well advanced, nor were methods for a study such as this one. "The Framingham Study contributed greatly to statistical methodology in handling large amounts of data and in analyzing the net and joint effects of multiple relevant risk factors," says Kannel. "Many of the (statistical) methods which were developed were stimulated by the needs of the Framingham Study."

As results of the investigation became clear, three of the original risk

by Julia Thornton Wilson

factor hypotheses appeared to play major roles in the incidence of coronary heart disease: 1) that persons with hypertension develop CHD at a greater rate than those who are normotensive; 2) that an elevated blood cholesterol level is associated with increased risk of CHD; and 3) that tobacco smoking is associated with an increased occurrence of CHD. Physical inactivity and obesity emerged as minor risk factors.

The data generated by the Framingham Study assumed great importance as a tool for predicting incidence of cardiovascular disease in populations other than the Framingham community. "The Framingham Study provided impetus for other studies of heart disease," says Laurence O. Watkins, M.D., M.P.H., assistant professor in the Department of Medicine at MCG. "Over the years a number of studies have spun off. One advantage of this (Framingham) type of study is that it is long-term and clarifies findings of other studies."

Some of these subsequent studies have been intervention projects, in which attempts are made to determine whether minimizing risk factors also minimizes the incidence of heart disease. This type of investigation is presently being conducted full-scale at five sites in the U.S. "Many behaviors are associated with disease," says Watkins, "and all can be affected by community intervention."

On a more personal level, Kannel says the Framingham Study has been helpful to physicians in their way of thinking of CVD, and its findings have corrected some misconceptions held by physicians. "For example, it's not true that all the evil consequences of high blood pressure are derived solely from the diastolic component of the pressure, or that women tolerate high blood pressure better than men do, or that it is safe to wait for target organ involvement before treating hypertension."

The identification of risk factors by the Framingham Study and others* has been important in the fight against heart disease, which may be evidenced by reductions in the mortality rates for CHD. "In the U.S., since 1968 there has been more than a 25 percent decrease in coronary disease death rates," says Watkins. "Some (of the decrease) may be due to improved medical treatment, and some may also be due to reductions in risk factors."

Average cholesterol levels are down, hypertension is being treated much more vigorously, and smoking has declined in popularity. "A lot of efforts to prevent heart disease have roots in the Framingham Study," says Watkins.

While the Framingham Study officially ended in 1974, studies are being continued both in the original cohort (sample), where emphasis has shifted to problems of the elderly and to studies of senile dementia and stroke, and in offspring of the original cohort. The children are now at the same ages as their parents were when studied, Kannel says, which "allows examination of shared familial vulnerability to CVD and secular trends in the disease. It is also possible to examine whether the offspring are changing their lifestyles in an effort to avoid CVD."

At MCG, faculty physicians and medical students have applied findings from the Framingham Study and others like it to help create awareness of risk factors and to stress prevention as a way of life.

L. Michael Prisant, M.D., assistant professor in the Department of Medicine, has developed a microcomputer program to assess risk factors in individuals and make predictions of their likelihood of potential cardiovascular disease.

The program, which is based completely on Framingham data, works this way: An individual's characteristics such as sex, age, serum cholesterol level, systolic blood pressure, presence or absence of left ventricular hypertrophy by ECG, smoking status, and presence or absence of glucose intolerance are entered into the computer by a physician or other office personnel (the program is user-friendly and self-prompting).

Within seconds, using a computation that would require a person to go through more than 60 mathematical steps, the computer predicts the individual's statistical risk of developing general cardiovascular disease, coronary heart disease, claudication, hypertensive heart failure, or stroke in the next eight years. "We now have a way to assess patients in a way that has never before been done," Prisant says. "I believe the application of computers to medicine is long overdue."

Students for Community Involvement is a group of freshman and sophomore medical students at MCG who are using the link between lifestyle and heart disease to teach preventive cardiology to sixth-grade students in the Augusta area. Each spring, these "teachers" present programs on basic heart information, how to eat properly, the benefits of exercise, and why to refrain from smoking.

William B. Strong, M.D., Charbonnier professor of pediatrics, chief of the section of pediatric cardiology, and director of the Georgia Institute for the Prevention of Human Disease & Accidents, is faculty advisor, as are Maurice Levy, Ed.D., professor of Educational Research and Development, and Laurence O. Watkins, M.D., M.P.H., assistant professor of medicine.

"The Framingham Study was the first large study to attempt to look at (risk) factors that could be affected and could be prevented," says Strong. "If we intend to try to change behaviors, the best time to intervene is before they become ingrained. Delaying the symptomatic phase of disease (because total prevention may not always be possible) can add years of productivity to a person's life. SCI takes information and applies it where it should have the greatest benefit and effect."

Because of its role in identifying links between lifestyle and the development of heart disease, the Framingham Study has begun the ripple effect that may ultimately extend to that small child skipping stones at the edge of a pond. ■

**Author's note: Another important epidemiological study of cardiovascular disease is the one done by MCG graduate Curtis G. Hames, M.D., in his hometown of Claxton, Ga. (See MCG Today, Summer 1982).*

# A NEW SCRIPT FOR MCG

## The new VP for research plays a key role

by Mandy Roth

When President Jesse L. Steinfeld planned a new organizational structure for MCG, he wrote an entirely new script for the institution. The new plan meant changes for the Medical College and one of the results is an increased emphasis on research.

Dr. Lowell M. Greenbaum, chairman of Pharmacology and Toxicology, was named to play a key role: acting vice president for research, which, as of July 1, will be combined with the role of the dean of the School of Graduate Studies.

"The president has made a statement by establishing a vice-president for research," says Greenbaum. "He is saying that research is an important priority on this campus and he appointed, for the first time, an individual who will advise the president about all research activities at this institution. This gives an image for recruits as well as established faculty as to their responsibilities."

While it is clear that more responsibility will be placed on faculty to produce research, the exact responsibilities of the vice-president remain unclear to some. The 56-year-old Greenbaum views it this way: "The vice-president for research is chief advisor to the president on basic and clinical research at all five schools at MCG and promotes research activity at the Medical College. I go further and say that the position is a strong one because it has three legs. First, it has the support of the president. Second, the Division of Research Administration reports to the vice-president for research. This provides certain resources which are important." Third, he explains, this position will be combined with the duties of the dean of the School of Graduate Studies, bringing with it the resources and faculty of that school. In addition, he adds, the Division of Laboratory Animal Resources reports to the vice-president, and the academic aspects of computer sciences (a segment of the former Division of Systems and Computer Services) is now under the auspices of the School of Graduate Studies. "Thus, overall," says Greenbaum, "all major research activities will report to one person."

A search committee has been formed to identify the ultimate candidate, but until that occurs, Greenbaum will serve as acting vice-president, setting the tone and direction for the development of this position.

Greenbaum is a graduate of Tufts University, receiving the Ph.D. in physiology in 1953. He conducted postdoctoral studies at Yale University as an American Cancer Society Fellow and served on the faculties at Tufts; Downstate Medical Center, State University

of New York; Columbia University College of Physicians and Surgeons; and arrived at MCG as chairman of pharmacology in 1979.

When Steinfeld approached him about the vice-presidential position, he says he was surprised, "but extremely honored to have been asked." He strode into the job ripe with philosophy and brimming with ideas. Six weeks after he occupied the office, he had set priorities which he rattles off in a choppy cadence, consulting notes and memos as he recites: "To try and raise the level of activity in clinical research, to make the faculty more research oriented, to identify new units of research activity that we need, to identify weaknesses and necessities such as a clinical research center, to bring together services, such as computers and statistical support, with research investigators — it's becoming increasingly important for these individuals to be involved with research projects from the beginning for efficiency, better design and better understanding of results. There's also a need to aid in the development of research in the Schools of Nursing and Allied Health Sciences."

The ideas come fast and so does the return on his efforts. The first question he asked, when assuming his present role, was "Where does MCG stand in terms of extramural funding for research compared to other private and public institutions?" The MCG Research Institute provided the answer. At eight Southeastern institutions with similar responsibilities, 60 percent of extramural funding is provided through the schools' clinical departments. At MCG, the basic science departments provide 60 percent of this type of support.

"What does that say to you?" he queries.

"It's obvious to me that the initial effort should be to try to aid clinical departments in supporting research activities," says Greenbaum. In the past, he says, patient and education loads have made it difficult to mount research programs. "This has created a vicious cycle in that new, young faculty can't find appropriate research activities." The solution to this dilemma is complex, but it's his job, he says, to find the answers.

Stimulating clinical research is not the only problem that's being tackled. "The president has stated," says Greenbaum, "that incentives will be provided whenever possible for active research programs." The Research Institute already provides an attractive incentive to zealous investigators: a percentage of the overhead budget is returned to the research program; therefore, the healthier the grant, the more generous the return. Additional incentives are being discussed which include possible salary raises and expanded facilities for productive investigators. A space survey is in progress and the question of salary differentials based on research productivity is being examined, says Greenbaum.

Incentives are only part of the picture. For long-term results, the acting vice-president proposes a three-faceted plan as a catalyst to stimulate research activity at MCG.

One. "To encourage recruitment of research-oriented clinical faculty and find appropriate space and resources for them to carry on clinical investigation."

Two. "Encourage research training programs to be carried on in basic science departments with residents of various clinical departments who wish to be involved in such training." Several departments are already negotiating such arrangements, for example, liaisons between the Department of Pharmacology and Toxicology and the Departments of Anesthesiology and Pediatrics. Another venture along these lines would include expansion of joint degree efforts such as the M.D.-Ph.D. program already established in Physiology. Greenbaum hopes to enhance the development of this endeavor through extramural funding.

Three. "Encourage interdisciplinary research between basic and clinical departments." The research institutes on campus — the Georgia Institute of Human Nutrition, the Institute for the Prevention of Human Disease and Accidents, and the Genetics Institute — provide an excellent focal point toward accomplishing this goal, says Greenbaum. He plans to scrutinize the activity and funding of each, and "if they're functioning in a productive manner, help to support and enhance their growth."

His ideas don't stop with the three-step plan. Other ideas include exposing medical students to research electives during their first two years of education; sponsoring an annual awards dinner to recognize national and internal investigators for excellence; and conducting in-depth, on-campus workshops in grantsmanship for young researchers and for those who have had little success in procuring outside funds.

Outside funding is a subject that punctuates Greenbaum's discussions concerning research because the two are inextricably linked, he says. Headlines seem to indicate that research money is drying up. Federal research funding is dwindling, says Greenbaum, "but I'm convinced that we can hold our own. The question is how to increase the amount of NIH (National Institutes of Health) funding and other extramural support, particularly from industry. We don't do too badly in terms of funding per request, but we don't put out enough requests. It's not an easy job, but it can be done. The experienced researchers know if they get turned down to come back and try again, but in different areas. Disappointment is part of the profession. We have to learn to accept rejection and turn it around into acceptance."

Greenbaum plans to capitalize on one promising area for research support. "Industry represents an important source of funding," says the vice-president. "We have to be more aggressive than we have been in the past in obtaining such funds. In fact, the future of research will depend on the triangle of universities, government and industry."

More outside support can be garnered, says Greenbaum, with the cooperation and advice of research experts on campus. For this reason, he wants to organize what he calls a STAR (Support of Training and Research) committee — a group of highly qualified MCG research faculty to act as advisors to the vice-president. Working together, this group could help boost the role of research at MCG.

"Research activity and a high level of research is an appropriate function of an academic institution along with education and service," says Greenbaum. Along with this emphasis on research must come an emphasis on extramural funding, he says. "It will help us to broaden our resources and allow us to obtain faculty and resource personnel far beyond what our state budget can afford. It will allow us to expand our horizons and make our health sciences center attractive to the most capable personnel around the country. People are attracted to an active environment. It's our role, our job. The more we encourage that, the more we gain." ■

EXPANDING THE SCOPE

# THE HUM

by John Donnelly

*"The faculties of each medical school should ask themselves: Does our curriculum contain special instruction in ethics and values so that both students and housestaff can adequately confront the human, as well as the technical, aspects of illness? . . . Unfortunately, in practice most medical school curricula contain relatively little instruction in ethics and values. What there is often occurs as a minor elective which is attended by a few idealistic souls. Most students see the 'hard' sciences such as biochemistry, physiology and pharmacology as having higher priority."*

*Dr. Fairfield Goodale, dean of the School of Medicine, in his State of the School address, May 26, 1983*

Since Abraham Flexner set down his definition of medical education at the turn of the century, 'hard' science has been the focus for medical students in the United States. Clinical and academic areas of medicine stress an understanding of the workings of the molecular as the epitome of knowledge, leaving by the wayside other areas of learning.

Within the past 20 years, however, academic medicine has begun to realize that the scope of medical education needs to be expanded. Physicians like Dr. Edmund Pellegrino have begun writing and speaking of the need for a broadening of the medical school curriculum. This concern that medical students were concentrating on the science of medicine, and its increasing technological complexities, coupled with the emergence in the 1960s of a movement to humanize a society preceived to be less and less concerned with individual needs, made possible the introduction of the "humanities" into the curriculum of medical schools across the country.

The Medical College of Georgia was a pioneer in this effort, due in great part to the foresight of two deans and the interest of two members of the faculty.

In 1967, then-Dean of the School of Medicine Walter Rice realized the necessity of broadening the medical school experience. He established (enlisting Dr. Russell Moores, a hematologist, and Father Daniel Munn, an Episcopal priest serving as chaplain at MCG), a program held in the evenings which addressed such topics as government and medicine, religion and medicine and physician/lawyer relationships.

By 1970, working with the curriculum committee, humanities programs had gained a place in the medical school curriculum. Topics in the field were taught the first quarter of the

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freshman year. "There was still no department, or even a structure, at this time," Moores recalls, "I was still in hematology full time."

In 1970, after a letter from Munn to then-MCG President Harry O'Rear saying that the humanities program needed to be formalized, the new dean of the School of Medicine, Dr. Chris Fordham, asked Moores if he would become professor of humanities. Fordham also asked Munn, who was working on his MEd at the University of Georgia, to be on the humanities faculty when he returned.

Moores, who was considering a position as chief of hematology at the Louisiana State University School of Medicine in his hometown of Shreveport, Louisiana, agreed. "Since my interest has always been in the humanities," he says, "and I've always felt medical education is terribly narrow, this was an excellent opportunity for me."

If he felt the scope of medical education in general was too narrow, Moores' own interests show that he has transcended this educational shortcoming. He is active on the Augusta-Richmond County Coliseum Authority, having served as chairman of both the authority and its finance committee. Moores has served as general manager of the Augusta Opera Company (recognized as one of the finest in the Southeast) and is chairman of the board of directors for the Institute for Parapsychology in Durham, North Carolina. In addition he finds time to train to be an accomplished marathoner and has even run ultra-marathon distances.

In activities more closely related to medicine, Moores has served as chairman of the Southern Group on Medical Education of the Association of American Medical Colleges and as president of the Georgia Cancer Management Network. He also is vice-chairman of the board of the Georgia Division of the American Cancer Society.

"The idea for the humanities program initially was that medical education was too narrow; that something exists beyond the molecular level," Moores says. Given the continued predominence in medical school of the 'hard' science areas, he admits, "Our program has appeal to about one-third of the medical students and really grabs even fewer than that."

The only time the Humanities Office has contact with the full class of medical students is during either the first or second quarter of the students' freshman year. For two hours once a week, the students are exposed to the interrelationships between medicine and law, religion and history.

"There are no tests," Moores says of the classes, "but the students are expected to hand in an evaluation of the course at the end of the quarter. They will not get credit if the evaluation is not completed." For a freshman course,

the attendance is not bad. "We get as good a turnout as any of the other classes," he says.

When Munn returned from the University of Georgia in 1971, he became assistant professor in the Office of Humanities. With his knowledge of psychology (he had done post-graduate work at the C.G. Jung Institute in Zurich) and counseling and as an ordained Episcopal priest, Munn provided teaching capabilities in the areas of religion and healing, the non-medical aspects of patient care (including areas such as grief, the dying patient, office counseling and communication skills and human sexuality).

Munn had come to MCG "as a gift of the Episcopal church under a cooperative program between the church and the institution" he says. "The program was designed to investigate what type of resource a clergyman could be to the medical profession. One of the things which came out of this was humanities being considered a part of the student's clinical education."

Of the courses which Munn teaches, he classifies most as "academic offerings. In some instances; the courses dealing with the dying patient or religion and healing for instance, we can establish some experiences that have clinical relevance to the student, experiences they can reflect on."

Like Moores, the priest feels the weight of the 'hard' science bias. "In the eyes of many, the Humanities Office courses don't have immediate clinical revelance or validity. I think about 10 percent of the class makes use of the office," he says.

Munn, who since 1971 has earned his D.Min. (in theology from Columbia Theological Seminary) and has been received into the Catholic Church and become a priest in that faith, thinks the major disadvantage faced by the Humanities Office is the timing of the humanities courses. "The real relevance of the humanities is best seen by the physician after he or she has been in practice for a while and has seen what life presents them with. Medical school doesn't give them that experience," he says. "Even if the students perceive the relevance of the humanities courses while in med school, they do not judge them as having high priority. I can understand that; we look 'soft' compared to a dog surgery elective."

Despite the realization that the courses he offers reach only a small percentage of the medical students, Munn feels the program is on the right course. "In a way I feel we should content ourselves with the type of students who already perceive this need for the humanities. We don't force those who don't want it."

"Most of the people I know who go through med school want to help people. How to do this in an effective and sensitive way takes some knowledge of humanity beyond equipping oneself in biotechnology. In giving them this opportunity we perform a legitimate service in the medical community," Munn says.

Within a year of the establishment of the office in 1971, Dean Fordham had left and Dr. Curtis Carter had become dean of medicine. Showing the same support of the program as had his predecessor, Carter approved the funding of a third faculty member for the office. Moores was interested in bringing in a person who could complement his present staff and at the same time add another dimension to the program. The search began for someone with a background in philosophy and ethics. They finally decided on Dr. Richard Martin, who at the time was working on his PhD in ethics at Duke University. Martin agreed to come although "I had not anticipated being on a medical campus."

Coming from a non-medical background, Martin soon began making rounds with the housestaff on the medicine and neurology services. "I learned a lot about medicine from rounds and was at the same time able to interject my background by making the attending staff aware of the ethics of the situations they were facing day to day," Martin says.

The neurology rounds led him to help develop the Disability Consulting Team. This was an interdisciplinary project which included occupational therapists, physical therapists, nurses, psychologists, physicians and social workers and focused on the needs of epileptic patients.

In 1977, Martin began to realize the extent to which legal problems were cropping up in the medical profession. He attended night school at the Augusta Law School, graduated in 1980 and passed the Georgia bar.

"This opened up a new area of offerings for students from the Humanities Office. Then we were able to offer courses on the law and its relationship to the medical profession. This included areas of informed consent and malpractice," he says. Students were taken to trials and saw the way expert witnesses were used and learned about patient/physician contracts, business relationships and taxes. "In these law courses, I try to get the students to begin thinking about preventing legal problems," Martin says.

In addition, Martin is able to apply his knowledge of ethics to show the students how the law consists of the ethical principles which govern the students' professional and personal lives.

Martin's other courses, on philosophy and medicine and ethical issues in medicine, are offered monthly and he says he usually has "two or three students throughout the year." He feels the courses are unique in the medical school experience because "they are so structured that the students have the opportunity to do extensive background research work on one topic. This is different from the usual fare of medical schools."

'Unique in the medical school curriculum' sums up not just Martin's courses, but the whole Humanities Office. The professors involved in the program, however, do not necessarily want to be viewed as unique. They would rather be seen as an integral component of the four-year medical school curriculum.

Moores feels changes have been brought about by the existence of the office. "A lot has happened in ten years of doing this — things have changed," he says. He also sees the humanities program continuing to play a secondary role; however, "It has had some impact on the students," he says. "but I have no illusions about the program changing medicine."

MCG Dean of the School of Medicine Fairfield Goodale agrees, saying "It is going to be difficult to change the medical curriculum in this direction (the humanities). It will come slowly." He adds, "MCG's Humanities Office has all the makings of a first-rate department in that area. I hope as time elapses it will play a more important role in the medical education process." ■

# A new drug for Renee

by Sally Simkins

Renee Etheridge, a 12-year-old Dublin, Ga., girl with a "medical staff" of stuffed animals is the first patient in the Medical College of Georgia's kidney transplant program to be treated with the anti-rejection drug, Cyclosporine A.

According to her physician, Dr. Allen Bowen, a nephrologist on MCG's transplant team, the drug was approved for use in the United States in November by the Federal Food and Drug Administration. It has been in use on an experimental basis in selected medical centers in the country since 1980 and in Europe and Canada since 1978.

The decision to treat Renee with Cyclosporine A was made after it was found that traditional drugs were having no effect on the threatened rejection of the kidney she received from her father in a Jan. 25 transplant operation.

Renee began use of the drug on Feb. 9, making her the first transplant patient at the Medical College's Talmadge Hospital and one of the first in Georgia to receive it. She went home from the hospital Feb. 17.

"Cyclosporine A is not a panacea but it is a helpful tool," Dr. Bowen said. "There is no question it revolutionizes transplantations of livers, hearts and bone marrow where rejection would result in death.

"The benefit with kidney transplants is that it can mean better results in transplants where the match between donor and recipient is not optimum. Also it can mean fewer acute rejection episodes and shorter hospital stays."

The new drug does have its side effects, however.

One of the ironic side effects is that it can result in renal failure, although, Dr. Bowen said, the problem, if it does develop, can be lessened by a reduction in dosage of the drug.

Other side effects can include tremors, abnormal hair growth, swelling of the gums and lymphatic cancer.

Dr. Bowen said that kidney patients already have a slightly higher risk of cancer than other people. The risk with Cyclosporine A is not significantly greater than with other types of immunosuppressive medicines.

The cost of Cyclosporine A — an average of $600 per month — is another undesirable side effect. Some private insurance companies will cover the cost of the new medication, but not all. Also, at this point, the cost of the drug is not covered by Medicare.

Use will be short-term with some patients, long-term with others, depending upon their needs. Dr. Bowen says he does not know how long Renee will need to continue with the treatment. "We'll treat her for three to six months and then consider switching back to conventional drugs."

Renee will be traveling to MCG three times a week for monitoring of her progress.

While hospitalized, Renee's room resembled a menagerie of stuffed animals — rabbits, bears, monkeys, cats, polar bears and a Tasmanian devil — each named for medical staff members involved in her care. The Tasmanian devil, her latest addition, is "Dr. Bowen."

"He wants us to think he's real tough, but he's really a big softy," says Renee.

Renee, a seventh grader at East Laurens Elementary School in East Dublin, was born with only one kidney.

"Last summer she literally outgrew the kidney," says her mother, Brenda Steptoe. It had to be removed in August. While being prepared for the January transplant it was necessary for her to be taken to Macon three times a week for dialysis.

Plans for her mother to donate one of her kidneys had to be abandoned when Renee developed antibodies to Mrs. Steptoe's white cells which would have resulted in Renee's rejection of the organ. Her father, Ray Etheridge of Sandersville, Ga., then stepped in as donor.

"I told him I'd take his biggest, prettiest kidney and leave him the ugly wilted one, but it turned out he had two very large healthy ones," says Renee.

With her new kidney, Renee said she won't be able to jump on a trampoline or do gymnastics because of the possibility of falling and injuring the organ, but other than that she'll be going on as normal.

Normal includes baton twirling — a talent which helped her group win a state championship last year.

What are her plans now that the operation is behind her?

"To get a puppy and some fishes," she responds.

"To hear her and her stepfather talk," her mother adds, "we're going to have a pond in the living room." ■

# Not just a library

by John Donnelly

There have been changes going on at the Medical College of Georgia's library. They are being brought on by the exponential increase in health science knowledge over the past twenty years. Physicians today diagnose diseases that were not identified when they were in medical school, pharmacists dispense drugs that had not been developed when they were students and many operations now performed routinely were not conceived of when today's surgeons were residents.

"This increase in the amount of information available has a great effect on how we function at the library," says Director of Libraries Thomas G. Basler. "We see ourselves becoming handlers of information — teaching clinicians, researchers and students what resources to use to find the information they need for themselves. In the coming years the role of the library will shift toward emphasizing how to learn rather than what to learn. Librarians will evolve from hard-copy oriented, catalog-dependent individuals to educators, information and data base coordinators and information consultants."

To prepare for this future, Basler says there are two areas where most change will occur. "The first is that the routine business historically done by the library will be easier to do and will require less staff because it will be automated," he says. "The second change will see us working closer with the faculty and staff, providing them with actual information, as well as sources for information."

The library is already moving to adapt to these changes, the director says. "There are three programs we see as necessary to provide library services

to MCG in the coming years. These are a library information system, an automated library and a learning center. They should be seen as parts of the whole. They are integrated and none stands alone," Basler says.

The library information system is the area the director feels is the most exciting in terms of providing new services. "Electronic texts, journals and newspapers, all of which are now online, are involved in this part of the program. This will also include scientific literature data bases such as the MEDLINE and TOXLINE systems, and 'knowledge data bases' such as SUMEX-AIM or GENET. Other electronic information such as electronic mail and various public service information would be grouped in this part," Basler relates. In addition, he says, word processors will be available for student use.

"We see the faculty and staff accessing the system more and more as data bases become available. This will change the library role in that the library system will provide or coordinate actual information, not just how to locate the information," he says. "This is where the clinical and research areas at MCG will gain the most."

The automated library section of the system is the "library as everyone understands it today, but minicomputer-based and accessed by microcomputers," Basler says. "This includes all collections, records and the management and operation systems. Instead of having the traditional 3-by-5 cards, the information will be searched on a computer. We already have some information stored and available. We are continually increasing the ways we automate the functions in this section."

The learning center section of the library plan contains all the audio-visual equipment, a computer laboratory, microfiche and continuing education programs. "We see this area as the most valuable in terms of education. Continuing education courses in particular will benefit because the people using the audio-visuals and computer-based programs will get credit for them," Basler says.

"A major advance in this area is going to be the work done with videodiscs. They will be interactive with the CE course takers and it will be easy to tell who has taken the course," the library director says.

The videodiscs have other uses in the library. "We expect whole textbooks and journals to be formatted on them. They will probably be operated by a microcomputer," Basler relates. The library already has one computer/videodisc system operational. It is being used by the students in pathology and, according to Basler, is "working pretty well."

"I see more and more of this mixture of medias where the systems are problem-oriented and are run by microcomputers," he says.

As an example of his contention that none of the three sections of the system stands alone, Basler points to the computer laboratory area of the learning center. "In conjunction with the Research and Educational Support Unit, we have installed 12 microcomputers which are available for use by students and faculty. Both of these groups must become computer literate. The computers are for anyone to come in and familiarize themselves with and learn how to run programs," he says.

"The faculty has already begun using the computers to create and test educational programs. Faculty members are also using the computers to write scientific programs that have applications for the work they are doing in research," Basler adds. "For these reasons, I see the library being the focal point for computer users on campus. I feel there will be computer clubs on campus, not so much by computer brand, but by end product. All those interested in patient care will get together as will those interested in specific branches of research or those in education."

The sum of these parts adds up to a library whose future could not have been forseen a decade ago. "In 20 years, librarians as we have known them in the past will not exist," Basler says. "They will have evolved into the information handlers and educators that their roles are becoming. These are the ways the library can best serve the continuing educational, research and clinical needs of MCG." ■

## Escaping the "narrow field"

# Dr. Boyd combines medicine and the arts

"At the outset I should state that first and foremost I am a physician," says Dr. William S. Boyd, settling into an antique sofa in his spacious music room. "Pursuing the practice of a demanding profession and developing a close relationship with my patients for 40 years has been my primary source of gratification.

"At the same time, I agree with Sir William Osler who said, 'No man is really happy or safe without a hobby. One cannot practice medicine alone and practice it early and late, as many of us do, and hope to escape the malign influence of a routine life. The incessant concentration of thought upon one subject, however interesting, tethers a man's mind in a narrow field. The physician needs a clear head and a kind heart; his work is arduous and complex, requiring the exercise of the very highest faculties of the mind, while constantly appealing to the emotions and inner feelings.' "

Dr. Boyd explains, "In my career as a physician, I sought to escape the 'narrow field' through painting and music. In both arts my training has been limited. It has come through the informal coaching of professionals, and without extensive formal training."

A native of Georgia's Fayette County, William Seaborn Boyd is the last of eight children born to William Hugh Boyd Jr. and Mary Frances Jones Boyd. "My earliest musical coaching came from my sister Jane who taught piano. However, I did not practice as often as necessary to become proficient, and she was sometimes disgusted with me. Summers in the country during my childhood found me attending and enjoying singing school sessions at the church. Later at the University of Georgia, I toured with the Georgia Glee Club as a soloist and as a member of the 'Georgia Four,' a quartet. While working on my master's degree in protozoology at Emory I played bass violin in the Emory Little Symphony. I sang and played guitar on the radio from time to time to help pay my way through college.

"But when I got to the Medical College of Georgia as a student, I was too busy for any extracurricular activities. The only exception involved a

beautiful old reed organ. While doing home deliveries, I encountered a washwoman who was planning to burn an excellent old reed organ to boil clothes. I salvaged this instrument by giving her one dollar, which was good pay for both of us at that time. I eventually rebuilt it and powered it with an electric jukebox motor."

Since that time, Dr. Boyd has reassembled and rebuilt one pipe organ, and has installed a number of electronic organs in his home. He has recorded a two-record album by himself; a Christmas recording with his wife, Elizabeth; and has made other recordings with Mr. Sidney Richardson. In 1978 he arranged and compiled *Familiar Classical Themes for the Church and Home Organist*, published by Crescendo Publications of Dallas, Texas.

Dr. Boyd is nationally known as the sponsor of the Augusta Symphony Orchestra/Boyd Piano Competition, established in 1971. In each competition, dozens of young pianists first send in tapes, which are judged by a committee. The finalists are invited to audition in person in Augusta. The winner of each Boyd Competition is invited to appear in concert with the Augusta Symphony Orchestra. Winners also receive money for scholarships, and national exposure. One of the prime purposes of the competition is to focus attention on Augusta and Georgia as a center for the arts, and particularly on the Augusta Symphony Orchestra and the musical community which surrounds it. One of the unheralded benefits for the young winners is the lifelong interest and friendship of Dr. Boyd. Many of the young musicians stay in his home when they return to Augusta.

Beyond his interests in music, Dr. Boyd's talents in painting have attracted even wider national attention. "I have always been fascinated by the works displayed in art museums. Near the end of World War II, my wife, Elizabeth, gave me a present of paints and brushes. She explained, 'You have expressed the feeling that you could paint as well as some of the artists whose works we have seen in museums. Now try it.' This was a real challenge! I was fortunate enough to have a dear friend, the esteemed artist and teacher Dr. Lamar Dodd, who offered constructive criticism and encouragement to continue in this area of self-expression.

"Many physicians have a serious avocation in art and music, which, I believe, makes them more sensitive, compassionate, and understanding," Dr. Boyd says, reflecting on the friendships that have come his way through his interest in the arts.

Of particular note are the physicians who participate in the American Physician's Art Association. Exhibits are held in conjunction with the national annual meeting of the American Medical Association.

Dr. Boyd's painting, *Fall Morning, Georgia*, won the A.P.A.A. Award of Merit at the 1946 exhibit in San Francisco. The same painting appeared later in *Parergon*, a collection of reproductions of works by more than 1,000 physicians.

When the art editor of *Life Magazine* decided to write a story about "doctors' art in America today," this painting was chosen, with the works of four other physicians, to appear in the November 1947 issue.

Stimulated by this success, Dr. Boyd continued to paint through 1950. Each year from 1946 to 1950, his paintings were selected for A.P.A.A. exhibits in Chicago, Philadelphia, San Francisco, and New York. *Peach Blossoms*, done in 1947, won the A.P.A.A. Award of Merit in 1948. It is widely recognized as one of his finest paintings.

"My duties as a physician have always been my first priority. With a very busy schedule of private practice and teaching at MCG, no time remained for painting. Through the late 1970s, only a few paintings were produced. Now, at the age of seventy-six, I am indulging in the rewards of self-expression."

Dr. Boyd's lifetime of work in graphic art has been published in a retrospective volume titled, *The Rewards of Creativity*. This beautifully illustrated four-color book won the top award in color printing in a recent competition. In addition, a limited edition color lithograph of *Peach Blossoms* was produced, and this won the top color print lithography Award of Excellence, 1984, over more than 300 other prints entered, for Mr. Henry O'Pry of Southeastern Color Lithographers of Athens, Georgia.

Recent exhibits of Dr. Boyd's works were shown at the Lamar Dodd Art Center at LaGrange College; at Shorter College in Rome, Georgia; and at Augusta College. Future exhibits are planned for Columbia, South Carolina, and Stillwater, Oklahoma, with requests from other museums and institutions being considered.

As a special tribute to the four presidents of MCG under whom Dr. Boyd has served — Dr. G. Lombard Kelly, Dr. Edgar R. Pund, Dr. Harry B. O'Rear, and Dr. William H. Moretz — a special 500-print limited edition of *Peach Blossoms*, embossed with the MCG seal and signed by the artist, has been donated to the MCG School of Medicine Alumni Association. In accepting the gift, Dr. Robert A. Matthew and Dr. Chenault W. Hailey, then president and president-elect of the association, thanked Dr. Boyd and agreed to send one of the award-winning prints to each alumnus qualifying as a Lifetime Member.

"In 1938 when I entered medical school, Dr. Edgar Pund and Dr. Virgil Sydenstricker were two of the most outstanding and influential men in their field. They were an inspiration to the students and were role models for the other faculty members. It was a great privilege to attend the Medical College of Georgia, and to witness its growth over the past 46 years. Through my years as associate clinical professor of Obstetrics and Gynecology, and as personal physician to students, faculty, and their families, the highest compliments I have ever received came when these medical professionals entrusted members of their immediate families to my medical care." Over the years a great many wives of MCG faculty members have been patients of Dr. Boyd, and he has delivered the entire families of some of its most outstanding members.

At the University of Georgia, Dr. Boyd was selected for membership in Phi Beta Kappa; and as a graduate of the Medical College of Georgia Class of 1942, he earned the honor of membership in Alpha Omega Alpha. In recognition of his service to the academic community, Dr. Boyd was awarded a Doctor of Science degree by Newberry College in 1979, and the Alumni Award for Distinguished Service by the Augusta College Alumni Association in 1980.

Harry M. Jacobs, musical director of the Augusta Symphony Orchestra, says of Dr. Boyd, "In these days of specialization, when high technology and science are being hawked as the magic elixir to solve all the world's problems, thank God for Bill Boyd! What a delightful anomaly he is: a man steeped in the science of medicine who recognizes the mystical and magical effects of art on a beauty-hungry and bored world." ■

# President's Dinner honors friends of MCG

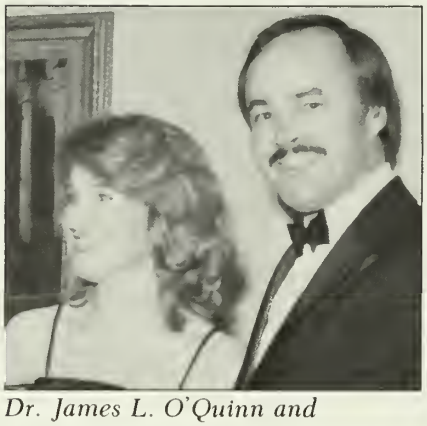
*Dr. William L. Barton*

*Dr. and Mrs. William Shirley*

*Dr. Gordon W. Jackson*

*Dr. and Mrs. A. Clark Robinson*

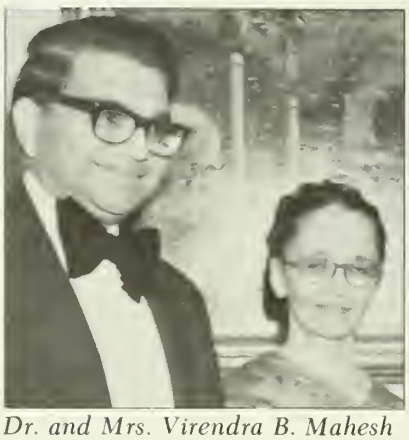
*Mr. and Mrs. Roscoe Coleman*



*Dr. James L. O'Quinn and*
*Dr. Mary Hamby O'Quinn*

*Dr. Sam A. Singal*

*Dr. and Mrs. Marvin C. Goldstein*



*Dr. and Mrs. Virendra B. Mahesh*

*Dr. and Mrs. Marshall B. Allen*

*Mr. and Mrs. Cassius M. Clay*

The sixth annual MCG President's Dinner, held in December, honored several outstanding benefactors. Those welcomed into the President's Club included: Dr. Marvin C. Goldstein, Dr. Virendra B. Mahesh, Dr. William L. Barton, and Dr. Asbury Clark Robinson. Those welcomed into the Founders Club included: Mr. Roscoe Coleman, Mr. Cassius M. Clay, Dr. Sam A. Singal, Dr. William Shirley, Dr. Gordon W. Jackson, Dr. Marshall B. Allen and Dr. James L. O'Quinn.

# ALUMNI NEWS

## Distinguished Alumnus Award goes to Hurst

J. Willis Hurst, Sr., M.D., has been chosen as a recipient of the MCG School of Medicine Alumni Association's Distinguished Alumnus Award. He is only the second alumnus to be so honored. The award is designed to "recognize and honor men and women who have lived lives of distinction, eminence and excellence."

The award was presented to Dr. Hurst on May 4th during the MCG President's Dinner-Dance, part of Homecoming 1984. The award was presented by Robert A. Matthew, M.D., president of the Alumni Association.

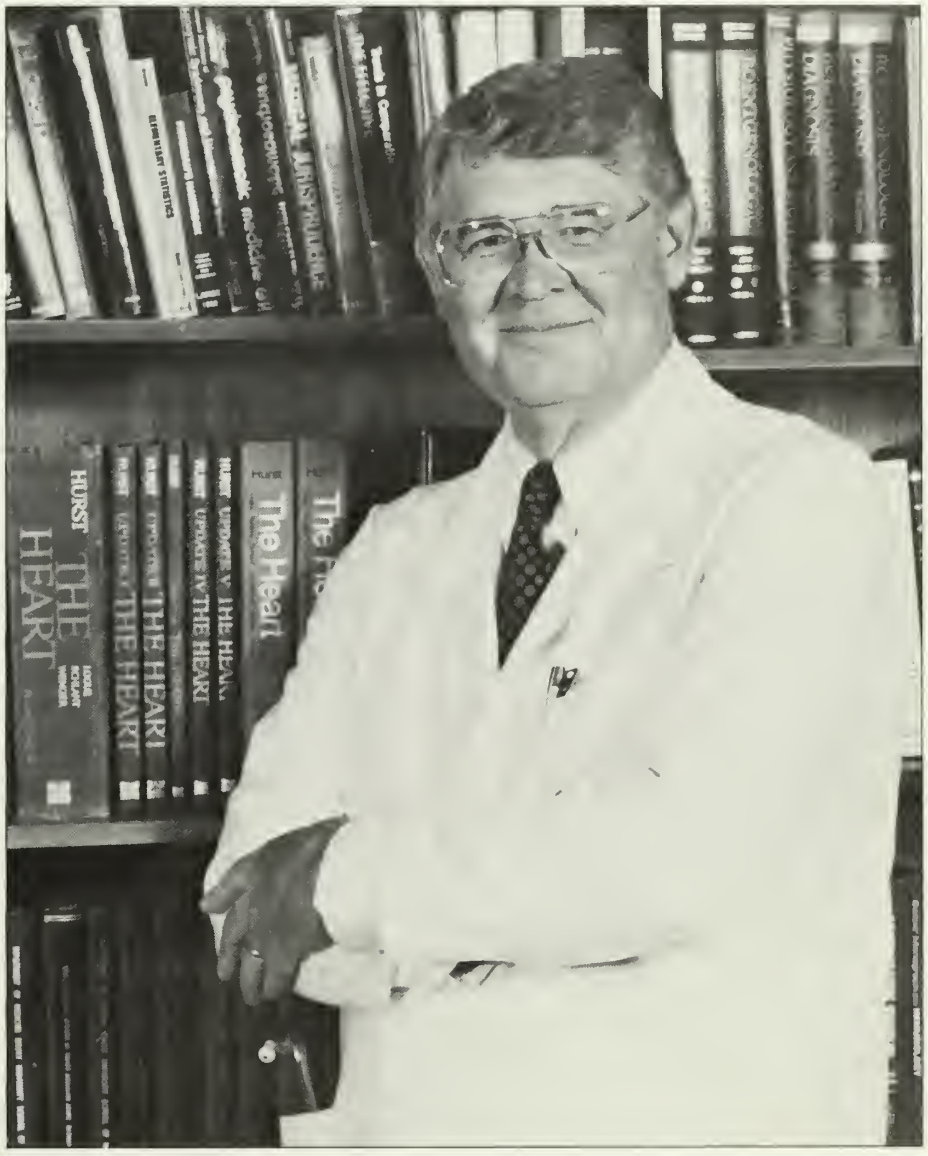
Earlier in the same day in Washington, D. C., Dr. Hurst was installed as president of the Association of Professors of Medicine, a group composed of all chairmen of departments of medicine in the U. S. He has also served as president of the American Heart Association, and as chairman of the subspecialty board of Cardiology.

During the 1960's Dr. Hurst became well-known to the public as President Lyndon B. Johnson's physician. While still a senator, Johnson was rushed to the Naval Hospital in Bethesda, Maryland, with a coronary attack and was Hurst's patient. Dr. Hurst served as Johnson's cardiologist from 1955 to 1973, and he remains in contact with the Johnson family.

A native of Carrollton, Georgia, Hurst attended public schools there. He received his bachelor's degree from the University of Georgia in 1941. He graduated with highest honors from the Medical College of Georgia in 1944. He was a member of Alpha Omega Alpha.

He served his internship and residency at the University Hospital in Augusta under Dr. Virgil P. Sydenstricker. Dr. Hurst then served in the U. S. Army Medical Corps at Fitzsimons General Hospital in Denver, Colorado.

Beginning in 1948, Dr. Hurst spent eighteen months as a Cardiac Fellow studying heart disease under the world renowned Dr. Paul Dudley White at Massachusetts General Hospital in Boston. (In 1974 he returned to Boston to be inducted as president of the Paul Dudley White Society.)




In 1950 he joined the staff at Emory School of Medicine in Atlanta, Georgia. In 1954 he left Emory to become Chief of Cardiology at Bethesda Naval Hospital, and it was during these years that he first became acquainted with Lyndon Johnson. He attained the rank of Commander in the Navy. In November of 1955, Hurst returned to Emory, and within two years was named professor and chairman of the Department of Medicine, a position he has held for twenty-seven years.

Dr. Hurst is noted as an editor and author of several books and over 225 scientific articles on cardiovascular disease. He is well-known throughout the world as editor-in-chief of *The Heart*, a cardiology textbook published by McGraw-Hill. This book is recognized as a standard work in the field and has been translated into five languages. He has recently edited *Medicine for the Practicing Physician*, a general textbook of medicine.

In 1978, Hurst was recognized as a Master of the American College of Physicians. He has served as a public policy consultant many times, including membership on the National Advisory Heart, Lung and Blood Council. In 1968 he served on the President's Commission for the Observation of Human Rights.

He has been honored many times for his teaching by his students. The American College of Cardiology has given him their "Master Teacher"

Award twice, first in 1970, and again in 1974. He received the "Gifted Teacher" Award from the same organization in 1974.

The American Heart Association has honored Dr. Hurst in many ways, most notably with their "Gold Heart" Award and with the Herrick Award.

*Modern Medicine* magazine, presenting him with their Award for Distinguished Achievement in 1978, cited Dr. Hurst "for combining in his own career the roles of educator, administrator, and practitioner, and for performing each at the highest level of excellence." The magazine continued, "Few figures have had as strong an impact on American medical education as Dr. Hurst."

In 1971 Dr. Hurst had the memorable experience of addressing the MCG graduating class. The occasion was made more memorable by the fact that his son, J. Willis Hurst, Jr., was a member of that class. Dr. Hurst, Jr., has also specialized in cardiovascular disease, and is practicing in Atlanta.

When notified of the award, Dr. Hurst said, "I wish to thank the members of the MCG School of Medicine Alumni Association for the honor they have bestowed upon me. Anything I have accomplished should be credited to the people who have influenced me. They include the great teachers who taught me at MCG as a student, my current colleagues at Emory, and most of all, my wife — No Nelie, no me! I thank you all, from the structure that has always fascinated me — my heart."

If anyone has a picture of the graduating class of 1909, Mrs. French Elliott would like to borrow it to have a copy made. Please contact her at (404) 828-3016 or (803) 279-8837, or write to 712 Seymour Dr., North Augusta, South Carolina, 29841.

## Director of Nursing receives Phoebe Kandel Rohrer Award

For her distinguished service and dedication to her profession, Betty Golden, director of nursing at Talmadge Memorial Hospital, was presented the Phoebe Kandel Rohrer Founders Award during Homecoming 1984 activities. This annual award, presented for the sixth time this year, is given by the MCG School of Nursing Alumni Association.

Golden received the Master of Science in Nursing degree in 1969 from MCG and is a 1961 graduate of the baccalaureate nursing program. She served as a staff nurse and head nurse at Talmadge Hospital and assistant director of nursing at Gracewood State School and Hospital before returning to Talmadge in 1971 as director of nursing and assistant clinical professor of nursing administration. She has served as an officer and committee member in many national, state and local professional organizations.

In letters of nomination for deserving recipients of this award, supporters of Golden highlight her qualities. A sample of their appraisal: "Ms. Golden has shown a strong sense of dedication to her profession in giving of her time and energies unselfishly, not only to fulfill the requirements of her position, but also going above and beyond. . . ."

Another writes, "Ms. Golden has been very successful as the Director of Nursing . . . There have been numerous crises during this time such as the national nursing shortage that created many administrative nightmares. Ms. Golden has been very steady at the helm through these difficult times. (She) has demonstrated that she can not only manage a difficult job, but that she keeps her sensors tuned to local and national events. She has very successfully served on numerous boards and committees both in our own school and in the state and national offices.

". . . the Medical College has been served admirably by one of its own graduates. The mission of the Medical College of Georgia is to produce numerous individuals who will meet the health care needs of the citizens. The hospital is a key feature in this network. Her untiring efforts to make the hospital successful in this regard should be recognized. . . ."

The award presented to Golden is named after Phoebe Kandel Rohrer, founder of the University of Georgia Department of Nursing, a forerunner to MCG's School of Nursing. Golden joins 1983 recipients Alda L. Ditchfield and Esther L. Moyer; 1982 recipient Dr. Katheryn Suggs Chance, 1981 recipient Leilee P. Ault, 1980 recipient Dean Emerita E. Louise Grant and 1980 recipient Lillian Carter.

# ALUMNI NEWS

## 1983-84 Physician's Physician Awards announced

Sixteen graduates of the MCG School of Medicine were named Physician's Physicians by their fellow alumni during the 1983-84 year. The awards were given in connection with regional alumni dinners. Recipients were as follows:

**Julian K. Quattlebaum, Sr.,** '21, Savannah area, August 31, 1983
**C. Emory Bohler,** '54, Statesboro area, September 1, 1983
**Rudy M. Shirley,** '73, Dalton area, September 13, 1983
**Harry E. Dawson, Sr.,** '38, Rome area, September 14, 1983
**Henry A. Foster,** '46, Griffin area, November 17, 1983
**Lamar B. Peacock,** '46, Atlanta area, November 18, 1983
**E. Harrison Mixson,** '43, Valdosta area, January 25, 1984
**Neal F. Yeomans,** '43, Waycross area, January 26, 1984
**Roy Witherington,** '53, Augusta/N. Augusta area, February 2, 1984
**Harvey M. Newman, III,** '48, Gainesville area, February 8, 1984
**J. Bothwell Traylor,** '43, Athens area, February 9, 1984
**William L. Barton,** '35, Macon area, February 22, 1984
**C. Denton Johnson, Jr.,** '51, Columbus area, February 23, 1984
**Robert D. Waller,** '48, Albany area, March 6, 1984
**John L. Barthelmess,** '59, North Florida area, March 7, 1984
**Osmah E. Harrell,** '32, Florida area, March 8, 1984

The 1983-84 regional dinners marked the second year of this award but the first opportunity for some regions to select a Physician's Physician Award recipient, since several regions meet only every other year.

## Five-School Alumni Directory nears completion

All telephone contact has been completed by Harris Publishing Company, publishers of the 1984 MCG alumni directory. The purpose of the telephone contact was to verify the information which graduates provided on the directory questionnaires, and the information currently held on alumni records.

At the same time, the telephone representatives of the publishing company invited alumni to purchase personal copies of the directory. The directory is available in two editions. The net charge of the regular edition is $43; the deluxe edition is $50. The gross billing includes a $4 shipping and handling charge which may be deducted for payment within seven days after receipt of the invoice.

The directory is tentatively scheduled for release in late summer of 1984. If you have not received your copy by August 31, 1984, or if you are interested in ordering a copy and have not heard from the publisher, you may contact them directly at the following address:

Doreen Luff
Customer Service Representative
Bernard C. Harris Publishing Company, Inc.
3 Barker Avenue
White Plains, New York 10601

No copies will be available from the MCG Alumni House for purchase.

THE BOARD OF REGENTS OF
THE UNIVERSITY SYSTEM OF GEORGIA
AND FACULTY, STAFF AND STUDENTS OF
THE MEDICAL COLLEGE OF GEORGIA
REQUEST THE HONOR OF YOUR PRESENCE
AT THE INAUGURATION OF

JESSE LEONARD STEINFELD

AS THE FIFTH PRESIDENT OF
THE MEDICAL COLLEGE OF GEORGIA
TUESDAY AFTERNOON, THE EIGHTEENTH OF SEPTEMBER
NINETEEN HUNDRED AND EIGHTY-FOUR
AT TWO O'CLOCK
AUGUSTA/RICHMOND COUNTY CIVIC CENTER
AUGUSTA, GEORGIA.

RECEPTION IMMEDIATELY FOLLOWING.
INAUGURAL BALL, 9 P.M. - 1 A.M.

NAME _____

ADDRESS _____

CLASS _____

NAME OF HUSBAND OR WIFE (IF ATTENDING)

_____

GUESTS _____

# CLASS NOTES

## SCHOOL OF ALLIED HEALTH SCIENCES

### Department of Medical Record Administration

**Launa L. Graham,** '73, Atlanta, received a masters in public health from Emory University School of Medicine, in August, 1983, and accepted an appointment as senior associate of Emory University's School of Medicine Health Record Administration Program.

**Connie Smith,** '78, Augusta, is the medical record administrator at Talmadge Memorial Hospital.

**Debbie Belding Madison,** '79, Lithia, is director of the medical record department at Parkway Regional Hospital.

**Debbie Stooksbury Gilbert,** '80, Calhoun, is director of medical records at Gordon Hospital and has been named the president of the Northwest Georgia Medical Record Association.

**Sara Bledsoe Kelahan,** '80, Chicago, is a film vault supervisor at Radiologists Affiliated.

**Emily Smotherman,** '80, Atlanta, recently completed the lawyers assistant program of the National Center for Paralegal Training and is associated with the firm of Doster, Allen, and King.

**Jean Webb,** '80, Thomasville, is the director of the medical record department at John D. Archbold Memorial Hospital.

**Babs Jeter,** '81, St. Simons Island, is the director of the medical record department at Charter By The Sea Hospital.

### Department of Medical Technology

**Kin Bong Chong,** '74, Diamond Bar, CA, completed his podiatric medicine and surgery training at Southern California Podiatric Medical Center and its affiliated hospitals in July, 1983, and entered private practice in Ontario, CA. He and his wife, Anna, have one daughter, Jessica Siew-Fong, born November, 1983.

**Anne Ragsdale Gundry,** '75, Ann Arbor, MI, and husband, **Steven,** MD, '77, have two daughters, Elizabeth, 4, and Melissa, 2.

### Department of Physical Therapy

**Donna Canzano,** '82, Tempe, AZ, is a pediatric physical therapist at CIGNA healthplan. On June 30, 1984, she married Narciso F. Macia, Ph.D., ME.

**David M. Esack,** '83, Hollywood, FL, has recently given two lectures entitled "The Psychological Considerations of Youths in Sport," to parents and coaches of area youth leagues.

## SCHOOL OF DENTISTRY

**Richard L. Hoodenpyle,** '73, High Point, NC, was elected to a 3-year term on the Board of Directors of High Point Chamber of Commerce and is presently chairman of the transportation committee of the Government Affairs Division. He was also selected to serve as a member of 1984 Challenge: High Point, a group that meets to learn and discuss about the area.

**William H. Henderson,** '76, St. Thomas, US Virgin Islands, is president-elect of the Virgin Islands Dental Association.

**Jeffrey W. Lovin,** '82, Lawrenceville, is in private general practice with two part-time associates. He purchased the practice of William B. Wages.

## SCHOOL OF MEDICINE

**Adolph E. Drexel,** '29, Jacksonville Beach, FL, is retired and is, at last, taking it free and easy. He is a fellow in the American of Surgeons, certified in the American Board of Obstetrics and Gynecology; and, a member of the International College of Surgeons and American College of Emergency Physicians. While in private practice in Miami, Drexel enjoyed writing non-medical books.

**John B. Rabun,** '43, Savannah, served as the 1983 president of the Georgia Medical Society of Chatham County.

**Gerald E. Chaplan,** '54, Savannah, is the Chief of Staff for Memorial Medical Center for 1984. He was chosen by the 332-member medical staff comprised of physicians with admitting privileges at Medical Center, Southeast Georgia's largest health care provider.

**Charles Hatcher, Jr.,** '54, Atlanta, chief of thoracic and cardiovascular surgery at Emory University School of Medicine, has been named vice president for health affairs and director of the Robert W. Woodruff Health Sciences Center of Emory University.

**Louie H. Griffin, Jr.,** '63, MD, Augusta, is president of the University Hospital Medical Staff. Griffin is also a diplomate of the American Board of Surgery and a fellow of the American College of Surgeons.

**Seaborn S. McGarity,** '63, Augusta, was recently appointed to the Richmond County Hospital Authority.

**John W. Garland, III,** '64, Gainesville, has been elected to fellowship in the Southern Psychiatric Association.

**Van C. Knowles,** '66, Albany, is in the practice of general surgery at Palmyra Medical Plaza.

**Paul J. Nicholls,** '71, Lexington, is associate professor of orthopaedic surgery at the University of Kentucky, engaged in administrative duties, as well as being the chief of the VA service, doing primarily reconstructive work. He has been active in the Boy Scouts of America, with the local council and church. He and his family of 10 live on a 20-acre farm. Construction of their home has been completed and Nicholls, with the help of two sons, has rebuilt a sports car which he now drives.

**Keith Parmer,** '72, Rome, has been named by his peers as Family Practice Educator of the Year in Georgia.

**J. Chris Sackellares,** '73, Ann Arbor, MI, is director of epilepsy and electroencephalography laboratories at the University of Michigan Hospital. Previously, he served as assistant professor of neurology and director of the epilepsy program.

**Larry P. McCord,** '74, Portsmouth, VA, is a civilian independent contractor to the U. S. Navy to provide radiation oncological services.

**Joseph P. Keenan,** '75, Westfield, MA, was recently made a fellow of the American College of Surgeons. He serves as an assistant clinical professor of surgery in the division of otolaryngology/facial plastic surgery at the University of Connecticut Medical School.

**Raymond P. Warrell, Jr.,** '75, New York, NY, completed a medical oncology fellowship at the Sloan-Kettering Institute for Cancer Research in 1980. He currently holds a joint appointment on the Developmental Chemotherapy and Hematology/Lymphoma Services at Memorial Sloan-Kettering Cancer Center, and is assistant professor of medicine at Cornell University Medical College, New York.

**Susan M. Moses,** '76, Bedford, TX, is an anesthesiologist in Fort Worth.

**W. Arnold Batson, Jr.,** '77, Greenville, SC, completed a fellowship in hand surgery at the Derbyshire Royal Infirmary, Derby, England. He has joined the Piedmont Orthopaedic Clinic and the Orthopaedic Teaching Staff of the Greenville Hospital System.

**Henry H. Dohn,** '77, Niceville, FL, was board certified in psychiatry by the ABPN in April, 1983. He and his wife have one daughter, Robyn, 3, and a second child expected in June, 1984.

**Steven R. Gundry,** '77, Ann Arbor, MI,

# CLASS NOTES

and wife, **Anne Ragsdale,** MT, '75, have two girls: Elizabeth, 4, and Melissa, 2. He completed his residency in general surgery at the University of Michigan after a fellowship in cardiac surgery at the National Institute of Health. He is currently working on a residency in thoracic surgery at the University of Michigan. He was recently awarded the Conrad Jabst Travelling Fellowship and the First Annual Andrew G. Morrow Young Investigator Award for manuscripts in cardiovascular research.

**Jimmy T. Girardeau,** '78, Brantwood, MO, completed his residency in general surgery in June, 1983, and is in his first year of plastic surgery residency at Barnes Hospital at Washington University, St. Louis.

**Charlotte La Rocca,** '78, Meriden, CT, completed her residency in psychiatry at the Institute of Living, Hartford, in 1982, and then joined the staff. In addition to inpatient work and supervision, she also has a small private practice. She married Eugene Patrick Hickey, in October, 1983. Eugene is the assistant director of social work at the Institute.

**William B. White,** '78, Barkhamsted, CT, wife, Kari, and son, Bjornulf, 4, announce a family addition, Marte Erin, born April, 1983. White directs the hypertension clinics at the University of Connecticut, teaching at both basic and clinical levels in the medical school and residency program. He has over 25 papers accepted for publication to date.

**Bolan P. Woodward,** '78, Valdosta, joined Drs. Hank and Tom Moseley in their practice of ob/gyn.

**Tony Malizia, Jr.,** '79, Rochester, MN, was appointed to the faculty of Mayo Medical School, Mayo Clinic, as instructor of urology, in January, 1984.

**Sterling A. Harris, Jr.,** '80, Atlanta, is chief resident in radiology at Emory University Affiliated Hospitals. Next year, he will begin a fellowship in interventional radiology and angiography at Emory.

**George K. Larsen,** MD, '80, Albert Lea, MN, is president and Chairman of the Board of the Albert Lea Medical and Surgical Center, a 22-physician multi-specialty group in southern Minnesota. Larsen, a family practitioner, and wife, Robbie, have 3 children.

## SCHOOL OF NURSING

**Norma J. Melcolm,** BSN, '66, Baltimore, MD, received a Ph.D. in Educational Administration from the University of Maryland, December, 1983.

**Emily Manly Bronstein,** BSN, '67, Harker Heights, TX, is currently an instructor at Central Texas College in Medical-Surgical and Psychiatric Nursing. She was recently selected as an honorary member of the school's TNSA. She traveled in China for two weeks during the summer of 1983, and she and her husband, Alan, anticipate a move to Europe in July, 1984.

**June Hansen Larrabee,** BSN, '68, Orlando, FL, is assistant professor and associate chairperson in the department of nursing at the University of Central Florida. She is enrolled part-time in the Ed.D. program at the University of Florida.

**Laura Blankenship Strange,** BSN, '74, Alpharetta, and husband, Jim, announce the birth of their first child, Leslie Susan, born February 17, 1984. She is the perinatal clinical specialist at Northside Hospital, Atlanta.

**Robert A. Meyer,** BSN, '76, San Antonio, TX, recently retired from the Army Nurse Corps after over twenty years of military service, and is currently developing hobbies into a retail business.

**Mary C. Pursley,** BSN, '78, Charleston, SC, has graduated from the U. S. Air Force flight course at Brooks Air Force Base, Texas. Now skilled in the management and nursing care of patients in flight, she has been assigned for duty at Charleston Air Force Base with the 31st Aeromedical Evacuation Squadron.

**Candy G. Mintz,** BSN, '79, Macon, is technical/professional recruiter at the Medical Center of Central Georgia.

**Mary Margaret Northington,** BSN, '80, Birmingham, AL, is a staff nurse in the Hematology/Oncology Division at University Hospital and is completing requirements for her masters degree at the University of Alabama. She is also serving as chairperson of the nominations committee for the local Alabama chapter of the Oncology Nursing Society.

**Nadine Yacos,** MSN, '80, Miamisburg, OH, is acting director for nursing education at the Children's Medical Center, Dayton.

**Jody V. Garner,** BSN, '83, Maxwell Air Force Base, AL, has graduated from the U. S. Air Force medical service officers orientation course at Sheppard Air Force Base, Texas. Graduates of the course are instructed in the professional and administrative procedures of the Air Force. She is now serving with the Air Force Regional Hospital, Maxwell Air Force Base.

## DEATHS

**Percy D. Weeks,** '25, High Springs, FL
**William N. Cochran,** '39, Spartanburg, SC
**George B. Fisher,** '50, Franklin
**Albert Lehmann,** '51, Houston, TX
**William A. Sibbett,** '55, Los Angeles, CA
**Bliss P. Bohorfoush,** BSN, '57, Milledgeville
**Gary K. Dorman,** '80, Hanover, NH

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